

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE			
								APPLICANT(S)					
								CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1							51						
2							52						
3							53						
4							54						
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38							88						
39							89						
40							90						
41	1						91						
42							92						
43							93						
44	1						94						
45							95						
46	1						96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	39	↔		↔		↔	TOTAL DEP.						
TOTAL CLAIMS	47						TOTAL CLAIMS						